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**SOUTH CENTERAL OREGON ECONOMIC DEVELOPMENT DISTRICT**

803 Main Street, Suite 202 | P.O. Box 1529

Klamath Falls, Oregon 97601

Tel: 541-884-5593 | [www.scoedd.org](http://www.scoedd.org)

**KLAMATH NEIGHBORHOOD REVITALIZATION PROGRAM**

**Maximum Grant = $50,000**

**ELIGIBILITY REQUIREMENTS**

* Property must be vacant since January 31, 2021
* Applicant must be the Current Owner of the Property
* All Property Taxes must be Current
* Applicant must be able to provide a minimum 10% match to approved Grant Funds
* With approved Grant Funds and 10% Match, Property must be brought up to minimal health and safety standards for Occupancy
* Property must be completed and ready for Occupancy within an Eighteen (18) month term

Applications must be submitted with the following documentation:

1. Completed and signed Application (all owners must sign application)
2. At least one (1) contractor bid detailing all work necessary to bring home to minimal health and safety standards for occupancy
3. Photos of the house (both inside and outside)

The entire Completed Application Package can be emailed to [denise@scoedd.org](mailto:denise@scoedd.org) or dropped off at 803 Main Street, Suite 202, Klamath Falls (2nd floor WaFd Bank building).

**KLAMATH NEIGHBORHOOD REVITALIZATION PROGRAM – APPLICATION**

APPLICANT INFORMATION

Name (First/Last/Middle):

Email:

Day Phone Number:       Evening Phone Number:

Mailing Address:

City / State / Zip:

INFORMATION CONCERNING THE VACANT HOME:

Home Address (if different from above):

Owner Name(s) (List all Owners of the Property):

Has the Property been vacant since January 31, 2021? YES  NO:

How long has the property been vacant (Month / Year):

How long have you owned the Property (Month / Year):

Are Property Taxes Current: YES  NO:

Year Built:       Square Footage:       Number of Bedrooms:

Reason(s) the Home has been vacant:

In order for the Home to be Occupied, please check all items that would need to be addressed with the Grant (add additional items if needed):

|  |  |  |  |
| --- | --- | --- | --- |
| * Lead-based pain |  | * Insulation |  |
| * Septic |  | * Heating |  |
| * Sewer |  | * Roofing |  |
| * Plumbing |  | * Dry Rot Repair |  |
| * Well |  | * Water Heater |  |
| * Structural |  | * Dry Rot Repair |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*I/We declare that the above information is correct and complete to the best of my knowledge. I/We understand that it is a crime to give false information and I/we give my consent to share information with other government agencies.*

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Signature of Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant(s) *(if more than 1 owner, please have all sign)*

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Date